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035811 7590 06/30/2004

IP DEPARTMENT OF PIPER RUDNICK LLP
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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/975,456	10/11/2001	Michel Lazdunski	1478-R-00	9176

TITLE OF INVENTION: NOVEL MAMMALIAN SECRETED GROUP IIF PHOSPHOLIPASE A2

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NASHED, NASHAAT T	1652	435-183000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Piper Rudnick LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Centre National de la Recherche Scientifique - CNRS

France

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2719 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

[Signature] 3/750 22 SEP 2004

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09/27/2004 WASFAW2 00000078 09975456

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 1652	Customer No. 035811
Examiner	: Nashaat Nashed	
Serial No.	: 09/975,456	
Filed	: October 11, 2001	
Inventor	: Michel Lazdunski	Docket No.: 1478-R-00
	: Gerard Lambeau	
	: Emmanuel Valentin	Confirmation No.: 9176
Title	: NOVEL MAMMALIAN	
	: SECRETED GROUP	Not. Of Allow.: 06/30/04
	: IIF PHOSPHOLIPASE A ₂	Dated: September 22, 2004

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Alexandria, VA 22313-1450

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Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 035811

By: 

Date: 22 SEP 2004



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TRANSMITTAL LETTER

Mail Stop Issue Fee
Commissioner for Patents
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Sir:

We submit herewith Form PTOL-85B as well as our check in the amount of \$965.00 to cover the required issue fee and publication fee.

The Commissioner is authorized to charge any amount believed to be an insufficiency to Deposit Account No. 50-2719. This authorization is made in duplicate.

Respectfully submitted,

T. Daniel Christenbury
Reg. No. 31,750

TDC:cc
(215) 656-3381